

TPQY DTE:09/29/08 SSN: [REDACTED]-4348 DOC:629 UNIT:CEB PG: 001
STATUS MBR YES LOU-09/29 SSACCS NO LOU-09/26 SSR YES LOU-04/02/97
INPUT SOCIAL SECURITY NUMBER [REDACTED] 4348 NAME J WHITT USER CODE CEB
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER [REDACTED]-4348A
INDIVIDUALS OWN SOCIAL SECURITY NUMBER: [REDACTED] 4348
JANICE D WHITTSETTE FEMALE BORN:07/15/79 ENTITLED:06/1997

ALVIN WHITTSETTE FOR JANICE D WHITTSETTE
PO BOX 576 MOUNDVILLE AL 35474

PAYMENT STATUS CODE: C -BENEFITS PAID
NET MONTHLY BENEFIT IF PAYABLE: \$748.00
DUAL ENTITLEMENT NUMBER: [REDACTED] 2806C4
BENEFIT HISTORY:

DATE: GROSS BENEFIT:
12/2007 \$748.00 CREDITED
09/2007 \$731.00 CREDITED

MEDICARE DATA ENTITLED PREMIUM BUY-IN CODE START
HOSPITAL INSURANCE 06/1999
SUPPLEMENTAL INSURANCE 06/1999 \$ 96.40 010 06/1999
DATE DISABILITY BEGAN: 01/1997

PART D PLAN NUMBER: S5967149000
PART D PREM COLL METH TYP: N PART D PREM PAY START: 01/2008
PART D PREM STOP: PART D PREM W/H: \$.00
PART D ENROLL PENALTY: \$.00 PART D BASE PREM: \$29.10
PART D SUB RED PREM AMT: \$29.10
PART D ENROLL PENALTY SUB BY CMS: \$.00
PART D SUPPLMNTL COVERAGE PREM: \$.00

INPUT SOCIAL SECURITY NUMBER [REDACTED] 4348 NAME J WHITT USER CODE CEB
TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON [REDACTED] 1218

JANICE D WHITTSETTE FEMALE BORN:07/15/79 ELIGIBLE:03/1997
APPLICATION DATE: 03/12/1997 TYPE OF PERSON: DISABLED CHILD
CITIZEN/ALIEN CODE: A

MAILING ADDRESS:

ALVIN WHITTSETTE
FOR

JANICE D WHITTSETTE
P O BOX 576
MOUNDVILLE AL 35474 0576

MAILING ADDRESS:

ADDRESS UNKNOWN

NET CURRENT BENEFIT FOR 09/01/2008 - FED AMT: \$0.00 STATE AMT: \$0.00

PAYMENT HISTORY OF NET BENEFITS PAID:

DATE:	FEDERAL AMT:	STATE AMT:	TYPE OF PAYMENT:
11/01/2007	\$ 0.00	\$ 0.00	NONE MADE
09/01/2007	\$ 0.00	\$ 0.00	NONE MADE

PAYMENT STATUS CODE: T31 - TERMINATED BY SYSTEMS ACTION
EFFECTIVE 11/2007

DISABLED

INFORMATION

ANOTHER QUERY RESPONSE WILL BE GENERATED USING

DUAL ENTITLEMENT NUMBER: [REDACTED] 2806 C4

INPUT SOCIAL SECURITY NUMBER 421-06-4348 NAME J WHITT USER CODE CEB

INFORMATION

D O REVIEW REQUIRED

IDENTITY DISCREPANCY BETWEEN MBR & SSR:

PERSONS NAME DISCREPANT

SOCIAL SECURITY ADMINISTRATION
This is an official verification of
Social Security and/or SSI benefits

Signature

Date